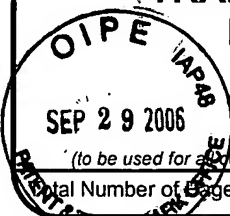



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<b>TRANSMITTAL FORM</b> 	Application Number	10/067,319	
	Filing Date	February 7, 2002	
	First Named Inventor	Swati DESHMUKH	
	Art Unit	2141	
	Examiner Name	Quang N. NGUYEN	
Initial Number of Pages in This Submission	4	Attorney Docket Number	19903.0016

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Other Enclosure(s)</b> (please identify below): <b>Notice of Appeal From The Examiner To The Board Of Patent Appeals and Interferences</b>
<b>Remarks</b>  		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	BINGHAM McCUTCHEN LLP		
Signature			
Printed Name	Michael A. Schwartz		
Date	September 29, 2006	Reg. No.	40,161

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

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SEP 29 2006

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/29/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL for FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **500.00**
**Complete if Known**

Application Number	10/067,319
Filing Date	February 7, 2002
First Named Inventor	Swati DESHMUKH
Examiner Name	Quang N. NGUYEN
Art Unit	2141
Attorney Docket No.	19903 0016

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 19-5127(19903.0016) Deposit Account Name: BINGHAM McCUTCHEN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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**FEE CALCULATION**
**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**
**Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

**Total Claims**      **Extra Claims**      **Fee(\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ -20 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee(\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 3 or HP= \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_      \_\_\_\_\_

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

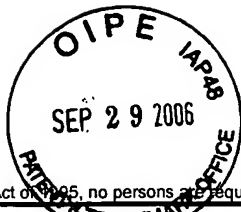
Other (e.g., late filing surcharge) : Notice of Appeal from the Examiner to the Board Of Patent Appeals and Interferences

**500.00**
**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	40,161	Telephone	(202) 424-7500
Name (Print/Type)	Michael A. Schwartz	Date	September 29, 2006		

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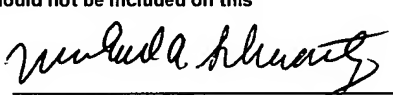
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PTO/SB/31 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 19903.0016	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on _____.  Signature _____  Typed or printed name _____	In re Application of <b>Swati DESHMUKH</b>		
	Application Number 10/067,319		Filed <b>February 7, 2002</b>
	For <b>SYSTEM AND METHOD FOR REAL-TIME TRIGGERED EVENT UPLOAD</b>		
	Art Unit 2141	Examiner Quang N. Nguyen	
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 1.17(b)) <div style="text-align: right;">\$ <u>500.00.</u></div> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <div style="text-align: right;">\$ ____.</div> <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-5127 (19903.0016)</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>40,161</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
		 _____ Signature <b>Michael A. Schwartz</b> _____ Typed or printed name 202-424-7500 _____ Telephone number  September 29, 2006 _____ Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			

10/02/2006 10:00:00 19903.0016 10067319

☐ \*Total of \_\_\_\_ forms are submitted.

01 FC:1401 300.00 DA

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